Hiram W. Davis Medical Center

Petersburg, Virginia

Primary Inspection

July 13-14, 1999

Office of the

Inspector General

EXECUTIVE SUMMARY

This report summarizes the findings during a primary inspection of Hiram W. Davis Medical Center (HWDMC) which occurred July 13-14, 1999.

Primary inspections are routine unannounced comprehensive annual visits to the mental health and mental retardation facilities operated by the Commonwealth of Virginia. The purpose of the inspection is to evaluate components of the quality of care delivered by the facility and to make recommendations regarding performance improvement.

Currently there are many forces addressing severe deficiencies in the public funded Mental Health, Mental Retardation and Substance Abuse (MHMRSAS) Facility System in Virginia. The items identified for review in this report were selected based on the relevance to current reform activity being undertaken in HWDMC as well as other facilities in Virginia. This report is intentionally focused on those issues that relate most directly to the quality of professional care provided to patients of the facility. It is intended to provide a view into the current functioning of HWDMC.

This report is organized into eight different areas. These are: 1) Treatment of Patients with Dignity and Respect, 2) The Use of Seclusion and Restraint, 3) Active Treatment, 4) Treatment Environment, 5) Access to Medical Services, 6) Public-Academic Relationships, 7) Notable Administrative Projects and 8) Facility Challenges. Under each of these areas are one or more "findings" with related background discussion and recommendations.

The following findings constitute a summary and would be taken out of context if interpreted without review of the accompanying background material.

Findings of Merit

- Staff are generally appropriate and professional in their interactions with longer-term patients. (Finding 1.1)
- Hiram W. Davis Medical Center (HWDMC) has successfully reduced the use of restraint. (Finding 2.1)
- HWDMC is increasing the amount of physical therapy for each resident. (Finding 3.1)
- HWDMC is trying to get patients up out of bed. (Finding 3.2)
- Staff has tried to make this very institutional building appear more home like. (Finding 4.3)
- HWDMC has effective primary physician coverage. (Finding 5.1)
- HWDMC has a good working relationship with the local acute care hospital (Finding 5.2)
- HWDMC currently is developing several relationships with training programs. (Finding 6.1)
- HWDMC is undergoing several QA projects. (Finding 7.1)
- Hiram W. Davis Medical Center staff used an allegation of neglect as an opportunity to scrutinize its care and make improvements related to the incident. (Finding 7.2)

Findings of Concern

- Staff was professional but expressed concern in dealing with individuals on the acute medical unit. (Finding 1.2)
- Staff is frequently working double shifts to meet current staffing patterns. (Finding 4.1)
- Living space for patients is too limited. (Finding 4.2)
- At the time of the inspection, HWDMC does not have appropriate access to a psychiatrist. (Finding 4.3)
- Hiram W. Davis Medical Center staff are anticipating a major renovation project within the next two years. (Finding 8.1)

Facility:	Hiram W. Davis Medical Center
Type of Inspection:	Primary, unannounced
Date of Inspection:	July 13 and 14, 1999
Areas of Review:	Section One: Treatment with Dignity and Respect
	Section Two: The Use of Seclusion and Restraint
	Section Three: Active Treatment
	Section Four: Treatment Environment
	Section Five: Access to Medical Services
	Section Six: Public-Academic Relationships
	Section Seven: Notable Administrative Projects
	Section Eight: Facility Challenges

Hiram Davis Medical Center Background

Hiram W. Davis Medical Center opened in 1975. Originally it functioned as a full service general medical and surgical hospital for the residents at Southside Virginia Training Center (SVTC) and Central State Hospital (CSH). In the mid 1980's, the mission changed to that of providing longer term care to residents of SVTC and CSH. SVTC and CSH now have their own primary care physicians for routine medical care, and acute urgent medical care is delivered by local hospitals. This has left Hiram Davis with an unusual composition of medically "dense" patients who are stable enough to be discharged from an acute medical hospital, but with needs that are too intensive to be returned to regular care on the psychiatric and training center units. Many of these patients would otherwise be cared for in other settings such as skilled care nursing homes. In these settings however, it would be rare to find a group of professionals with the dedication and experience found at Hiram Davis in working with this medically dense or "total care" population. Many of the staff at Hiram Davis strongly believe that these patients would not be given the individual attention and compassionate care they currently receive if they were "mainstreamed" into generic nursing homes. They feel many of the lower functioning mentally retarded (non-verbal) individuals would be at high risk for neglect, and would quickly die from problems that staff at Hiram Davis monitor frequently such as frequent turning to prevent development of bed sores.

Section One

Treatment of Patients with Dignity and Respect

1.1 Finding: Staff is generally appropriate and professional in their interactions with longer-term patients.

Background: A number of staff-patient interactions were observed. Staff was respectful of patients and seemed to enjoy contact with very impaired individuals. Administration has noted that staff tends to fall into one of two categories. They enjoy working with this population and stay for long periods of time, or they leave very soon after hire. This has created a solid core of staff who is very dedicated to their work with these severely impaired individuals. These staff get to know these patients very well. This results in staff being very valuable sources of information when a patient's condition changes.

Recommendation: Continue to foster an environment that encourages staff to treat all patients with dignity and respect.

1.2 Finding: Staff was professional but expressed concern in dealing with individuals on the acute medical unit.

Background: The acute medical unit is a ten bed unit that is designed to provide service to CSH and SVTC patients with ongoing medical needs that are too intense to be provided on a general psychiatric or training center unit. The Human Service Care Worker (HSCW) level of staff at Hiram W. Davis Medical Center are Certified Nursing Assistants. This is not the case at other facilities where HSCW positions do not have specialized educational prerequisites for entry. In general these are not staff who have worked at psychiatric hospitals as aides, etc. Many of these staff are not comfortable working with mentally ill patients. Training in major mental illness has been given to these staff, however, in the absence of psychiatric infrastructure, a few lectures on mental illness are not adequate to prepare a Certified Nursing Assistant to work with the type of psychiatric patient who would be most likely to require 1:1 monitoring. The patient would be far better served by having a person from his own treatment team at CSH stay with him. This person would ideally be in close contact with the attending psychiatrist from CSH or a designee such as the team psychologist or Nursing Coordinator.

Recommendation: **The issue of having HWDMC Certified Nursing Assistant staff provide 1:1 for Central State Hospital civil patients should be revisited. Nursing, Medical and Facility directors should be involved in reviewing the impact of the current arrangement on patients as well as staff.**

Section Two

The Use of Seclusion and Restraint

2.1 Finding: Hiram W. Davis Medical Center (HWDMC) has successfully reduced the use of restraint.

Background: HWDMC created a Performance Improvement process to focus on the reduction of restraint use at the facility. This process is called the Restrictiveness Order – Device Monitoring System. Existing policy at HWDMC defines three types of "restraint". Level one is the use of restraints for the purpose of managing behavior. Level two is for medical or surgical purposes. The third category, protective devices, is used for positioning, supportive or protective purposes. A point system with weights for restrictiveness was created. A positive outcome would have been a reduction in the entire facility's "restrictiveness factor". From July 1997 to July 1998, the HWDMC restrictiveness factor was reduced from 149 to 107. This is a creative way to monitor restraint use by staff for a population such as is treated at Hiram Davis. Although more recent data was difficult to interpret, it is clear that the treatment culture at HWDMC is oriented toward restraint reduction. The newly developing standardized Departmental

Instructions will change the policies (but hopefully not the good practice) that HWDMC currently has in place.

Recommendation: **Continue to support staff in their efforts to reduce restraint use**.

Section Three

Active Treatment

3.1 Finding: HWDMC is increasing the amount of physical therapy for each resident.

Background: The facility has three part-time physical therapists. Two are from the Physical Therapy Department from the Medical College of Virginia (MCV). In-house therapy is provided four days a week. The therapists work with aides in providing bedside range-of-motion.

Recommendation: **Continue to increase opportunities for physical therapy.**

3.2 Finding: HWDMC is trying to get patients up out of bed.

Background: The majority of the long-term patients at HWDMC are very limited in their ability to ambulate. Since arriving at HWDMC the Director of Nursing has focused on getting patients out of bed more often. Out of Bed patient activity data is collected. As of March 1999, patients had gone from an out of bed activity rating of about 225 units to 350 units. Many of the patients enjoy the focus on activities. This increased contact and stimulation offers the most benefits when coupled with the patient's desire to participate. Although it is recognized that this is often difficult to determine, it appears that staff at this facility consider patient preference in its application of increasing this activity.

Recommendation: Continue efforts at increasing patient activity with a focus on patient preference.

Section Four

4.1 Finding: Staff is frequently working double shifts to meet current staffing requirements.

Background: Many staff related that they are very stressed by the amount of mandatory stay over shifts they must work, however they do not leave their jobs in part because of a commitment to their individual patients. Administrative and senior management staff expresses confidence in and appreciation of the staff delivering the day to day care to the patients. When spoken with, staff expressed surprise at this. At the time of the inspection, they are aware that in the last three months, more has been asked of them without recognition of their efforts. They also do not know if the current demands for overtime is short term or long term.

At the time of this inspection, there are many forces in play, which are directly affecting the daily workload of front line staff. Although the Department of Justice is not currently investigating HWDMC for CRIPA violations, it has been directly effected by this process through a change in relationship with Central State Hospital (CSH). When CSH patients at HWDMC require one staff to one patient (1:1) monitoring, this is done by HWDMC staff now instead of CSH staff. The most current Memorandum of Understanding clearly states that any 1:1 required on CSH patients will be provided by CSH staff. HWDMC staff is also required to staff 1:1 for any of their own patients who are at other acute care "special hospitalizations".

Senior Management at HWDMC including the Director of Nursing are very aware of this situation and relate that the current pool of part time nursing staff is the best solution they have come up with to date.

During the inspection, at my request, and with the full cooperation of the Director of Nursing, I met with staff. Twenty-one nurses were present. They estimated the number of shifts they had worked over in the last two weeks pay period. The average was 2.6 shifts or 21 hours of overtime. Every nurse in the room had worked at least one unexpected mandatory overtime shift, and one had worked five.

Recommendation: **This situation must be addressed immediately.**

[Addendum: Because of concern regarding the urgency of this situation, a separate memo was sent prior to the completion of this report. Please see attached memo and response. This will be followed up in future inspections.]

4.2 Finding: Living space for patients is too limited.

Background: Space at HWDMC is a problem. Hiram Davis was designed over 30 years ago for use as an acute care hospital. The patients reside on the top two floors in walled off areas called "socials". Each treatment floor only has one small area where patients can gather for group activities. Many of the patients at HWDMC are non-ambulatory. They require special wheelchairs and other equipment that are bulky. There simply is not enough space to offer group activities. The majority of these patients would probably not benefit from traditional psychosocial group activities, however there are types of group activities that some would benefit from such as music therapy.

Within the next two years, HWDMC will be undergoing major renovations to enclose the socials into full rooms (see Finding 8.1). Space will be reviewed at that time. This may be a good time to meet with facility operations from CSH, SVTC and architecture and engineering from DMHMRSAS to see if some of the current space or services at HWDMC can be reshuffled to create at least one nice bright day room in the Hiram W. Davis Medical Center building. The current configuration of space encourages patients to stay in bed, which is where the majority of patients spend most of their time.

Recommendation: **Clinicians, management and activity staff from HWDMC, SVTC and CSH should meet with DMHMRSAS Architecture and Engineering staff to explore possibilities of creating better treatment space at HWDMC when the upcoming renovations occur.**

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4.3 Finding: Staff has tried to make this very institutional building appear more home like.

Background: Staff has decorated each of the "socials" with curtains and bedspreads making the hospital more homelike. This probably benefits patients as well as staff working in these environments.

Recommendation: **None**.

Section Five

Access to Medical Services

5.1 Finding: HWDMC has effective primary care physician coverage.

Background: The current medical staff at Hiram W. Davis Medical Center consists of two full time Primary Care Physicians and a Medical Director. Additionally, there are a large number of specialist-consultants who see patients from HWDMC and from the two

other neighboring facilities (CSH and SVTC). The clinic space that these patients are seen in is on the first floor of the HWDMC building.

Each of the main primary care physicians at HWDMC has a set of patients that he is responsible for. He provides primary care and also functions as the head of the treatment team for that patient. This includes working with the patient's team to construct the treatment plan. The treatment team meeting that was observed during this inspection was very well organized. Members of appropriate disciplines were present. The treatment plan was concise, and served an important role in the approach to treatment of the multiple medical problems that existed in the patients discussed. The medical portion of the plan was organized in terms of most serious problem to least, with a clear indication as to which problems were active and which were inactive.

Weekends and nights are covered primarily by these three physicians. This provides good continuity of care for the patients.

Recommendation: Continue to provide this level of coverage.

5.2 Finding: HWDMC has a good working relationship with the local acute care hospital, Southside General Hospital.

Background: One critical element to the medical care at HWDMC is the Medical Director. Dr. Patterson has worked at the Center for a number of years and has a clear dedication to the patients and staff. He maintains admitting privileges at the local hospital and follows patients who are transferred from HWDMC for acute care. This has enhanced the continuity and quality of care for individual patients at HWDMC.

Recommendation: Continue this good working relationship.

5.3 Finding: At the time of the inspection, HWDMC does not have appropriate access to a psychiatrist.

Background: There are several different types of patients at HWDMC. Many are with severe mental retardation and do not have obvious mental illness. Others are dually diagnosed or have both mental retardation and mental illness. Patients with only mental illness are a minority at HWDMC, and most of these patients are transferred from Central State Hospital so that they have their own psychiatrist who consults on them. Irrespective of diagnosis, it is easy for patients like the ones at HWDMC to accumulate numerous

medications including those with psychiatric effects or side effects over time. At the time of inspection, HWDMC was in the process of negotiating a contract with the Medical College of Virginia to obtain a psychiatric consultant. This is essential.

On the day of inspection, a case was reviewed which exemplifies this problem. This was a case of a patient who originally was from another mental health facility in Virginia. She was treated at an acute care hospital and because she required long term medical care that the original facility could not provide, she was accepted at HWDMC. This is a type of care that might otherwise be given through home health care. However, due to her psychiatric illness, it was not possible for her to be at home. When transferred from the original MH facility to the acute care hospital, her psychiatric medication was switched which resulted in the emergence of neurologic side effects that were not recognized by the acute care hospital. The plan at HWDMC was to have one of the Central State psychiatrists see her, however, it was unclear as to how long this might take. This was not a life-threatening situation, however it clearly was not good psychiatric care.

[Addendum: Since the original inspection, HWDMC has hired a psychiatrist to come one day a week on a regular basis. While this clearly represents improved access, there is ongoing concern that this may not be enough time for these patients.]

Recommendation: **Continue to review access to a psychiatrist consultant for these patients. This will be followed in future inspections.**

Section Six

Public-Academic Relationships

6.1 Finding: HWDMC currently is developing several relationships with training programs.

Background: HWDMC is currently developing a relationship for interns in Occupational Therapy, Recreational Therapy and Physical Therapy. The VCU School of Social Work has an ongoing relationship with the HWDMC social work staff and sends one intern each semester. Several of the medical consultant staff are on faculty at MCV. The most active of these relationships seems to be the relationship with anesthesiology. Attending anesthesiologists are frequently accompanied by residents in training when they consult on HWDMC patients.

Recommendation: **Continue to maintain and develop these relationships.**

Section Seven

Notable Administrative Projects

7.1 Finding: HWDMC is undergoing several QA projects.

Background: The responsibility for performance improvement projects within the organization are under the auspices of the Performance Improvement Steering Council. The Council uses a system of "charters" which outlines for various Performance Improvement Teams the study they are to undertake. Each team consists of a group of employees that work towards defining processes for reviewing and improving systemic issues. The Council receives status reports from the various Performance Improvement teams during monthly meetings. Studies/Projects have focused on issues such as the scheduling of patients from SVTC and CSH at facility clinics, utilization of space, methods of making the environment more "home-like" and patient identification and studying the hospital's administration of medications.

Recommendation: **Continue to develop this type of performance improvement process.**

7.2 Finding: Hiram W. Davis Medical Center staff used an allegation of neglect as an opportunity to scrutinize its care and make improvements related to the incident.

Background: One internal abuse and neglect investigation was reviewed. This appeared to be a very thorough investigation. Additional to the actual investigation, the facility used the process as an opportunity to review any existing problems that may have contributed to the situation. The final product from the committee that reviewed the situation contained several specific recommendations that were carried through. These included a retraining of staff on certain nursing procedures as well formal disciplinary action for one staff. If this single investigation and resultant action are representative of the process in place at HWDMC, this is a very effective process.

Recommendation: **None**.

Section Eight

Facility Challenges

8.1 Finding: HWDMC staff are anticipating a major renovation project within the next two years.

Background: Currently the majority of patients at HWDMC reside in "socials" which are four bed wards separated from one another by a wall that extends only about four feet from the floor. The walls do not extend to the ceiling. Privacy is achieved through curtains. The federal Healthcare Financing Administration (HCFA) through Medicare regulations has mandated that these walls be filled in to the ceiling. The current plan at HWDMC is to do this within the next two years. This will be a significant stress for staff and patients.

Recommendation: **Prepare staff and patients as soon as possible to minimize the negative impact of the construction on patients and staff.**